

Abstract

Redesign of a Utilization Review Department using Information Technology as a Tool

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Background

The Utilization Review (UR) group at Brigham and Women's Hospital (BWH) a 702 bed teaching affiliate of Harvard Medical School serves the hospital's patients, physicians, administrators and payors by providing utilization management information. Through the creative application of information systems, the group has become a technologically innovative and efficient operation which requires minimal staffing.

Their challenge was to use limited resources to continue the UR function in anticipation that QA would require the greater financial support from the institution in the future. The automation of patient care delivery achieved through the Brigham Integrated Computer System (BICS) provided opportunities for UR to abandon traditional processes designed for the paper based department.

Goals and Objectives

New goals and objectives included:

- Improve the department's morale
- Improve the department's product Improve the department's service to the insurers, the hospital financial departments and the clinicians

- Reduce departmental costs, and
- Automate and create a paperless system

Sample Application Evolution

Sample Applications Evolution include some of the following; DRG Assignment with Admission, Electronic Book (Level of Care review), Extended Care Facility Links, On-line Extended Care Facility referrals.

Results

The Culture of the UR department has changed dramatically. UR customers have noticed the improvements as well. Turn around time for all review inquiries is 24 hours. Denials have decreased dramatically. Insurance companies view UR as an ally. Because Care Coordinators have copies of all UR reviews ever done on line in BICS, they can provide copies tot he insurers whenever requested and maintain an audit trail internally of all communications with insurers. Time savings on reviews allows the staff to spend 90% of their time on actual patient care activities. Attending physicians rarely interact with insurers related to UR issues.

This experiment in re-engineering of the UR functions of a major teaching hospital has been successful for the patient, physician, insurer, UR planner and financial prospective.